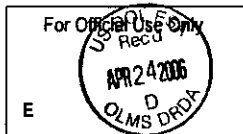


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25407	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Brian McElhoney P O Box Bldg Room No if any c/o Local 813 I B T Street 45-18 Court Square Suite 600 City Long Island City State New York ZIP Code + 4 11101-4347	4 Name file number and address of labor organization Name Local 813 I B T Labor Organization File Number 036 119 P O Box Building and Room Number if any Suite 600 Street 45 18 Court Square City Long Island City State New York ZIP Code + 4 11101 4347
5 Position in labor organization Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Brian McElhoney</u>	On <u>4-5-06</u> <u>718 937 7010</u> Date Telephone Number

Name of Person Filing Brian McElhoney	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Local 813/1034 Severance&Retirement Tr Fund Trade Name if any P O Box Bldg Room No if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347	9 Business deals with a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Local 813/1034 Severance&Retirement Tr Fund Trade Name if any P O Box Bldg Room No if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101 4347	11 a Nature of such dealing Related Local 813/1034 Severance & Retirement Trust Fund 11 b Approximate dollar value of such dealing \$2 693 430 12 a Nature of interest held or income received Orlando Conference 2/12/05 to 2/17/05 Total Expenses 12 b Amount \$1 935

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.